

Kings Island and Spirit Song Fest 2018

June 21, 2018

Youth Registration Form

Deadline to Register is June 10. Cost to attend is \$100. Please make checks payable to St. Bernard and include "YM Kings Island" in the memo line. If you have any questions, contact Rachel for more info!

Name: _____	Youth Cell Phone : _____		
Parent/Guardian Name : _____	P/G Phone Number: _____		
Address: _____	City: _____	Zip: _____	
Email: _____	Grade : _____	Age: _____	M or F

Insurance and Medical Information: (All Info MUST be Completed)

Family Health Insurance Company: _____
Policy and/or Group Number: _____
Allergies, Medical Conditions, or dietary concerns: _____
Medication: <i>If medications are needed, please send them with your child. List these medications below and include product name, dosage, and frequency. Any medication brought should be clearly labeled in their original container and surrendered to an adult chaperone during the event. The only exception is emergency inhalers. Adults will dispense any medication as needed. (Please include any OTC meds that may be required during the event so that adults can dispense if needed. No OTC meds can be dispensed without prior approval from a parent/guardian.)</i>
1. _____
2. _____

Participation Consent and Liability Release:

I grant permission for my child to participate in the above listed event. I will not hold Holy Spirit Parish at Geist or any diocesan agency responsible in the event of any injury or accident to my child while participating or traveling to or from the event. I warrant that, to the best of my knowledge, my child is in good health and able to participate in all activities. (Please submit a statement indicating limitations and/or conditions of which we should be aware.)

I agree that my child will abide by the Code of Conduct. This Code embodies all basic Christian living principles and will be discussed prior to departure. I agree that if my child fails to abide by the Code or engages in a serious infraction that he or she may no longer be able to participate in future events or trips and may result in being sent home at my expense.

I understand that all prescription and non-prescription medications will remain in the possession of an adult chaperone and be dispensed as prescribed. In case of medical emergency, I understand that every effort will be made to contact parents or guardians of the participant. In the event I cannot be reached, I hereby grant permission to the Youth Ministry program directors to seek treatment for my child. I hereby give permission for the medical staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

I understand that my child may be photographed in group situations; I hereby grant permission for my child to be photographed and identified for releases to any parish website or other promotions. I have discussed all of the above with my child and their signature below designates that they understand their responsibility as a participant.

Parent/Guardian Signature: _____ Date: _____

Name (printed) : _____ Date: _____

Youth Signature : _____ Date: _____